Impact of participation in Special Olympics Healthy Athletes® through direct contact with people with intellectual disability

Olympiques spéciaux Québec

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Background

- Despites equality rights policies, disparities persist in healthcare between individual with intellectual disabilities (ID), and the general population, particularly in areas such as health promotion activities (Roll, 2018), screening (Ouellette-Kuntz et al., 2015), and healthcare services (Maltais et al., 2020).
- Health issues among individuals with ID are often underdiagnosed and insufficiently treated.
- Healthcare professionals believe that they do not receive sufficient training to work with individuals with ID (Weise & Trollor, 2018).
- Studies have shown that strategies involving direct contact with individuals with ID are more effective in improving attitudes towards them (Seewoorttun & Scior, 2014).
- Special Olympics Healthy Athletes (SO Healthy Athletes) is an initiative aimed at raising awareness and training healthcare professionals through direct interaction with athletes with ID (Adler et al., 2005; Freudenthal et al., 2010).

Aims

1. Evaluate the impact of participation in SO Healthy Athletes on the attitudes of healthcare professionals towards individuals with ID.
2. Document the participants' experience and its impact on their future practice.

Method

Participants

- *N*: **51 participants** who took part in SO Healthy Athletes during Special Olympics Summer Games in Quebec (26 students and 25 healthcare professionals).
- The majority of participants are women (76 %).

Method

Procedure

Participants completed the following online questionnaires:

- Attitudes toward intellectual disability – short form (ATTID-SF) (Morin et al., 2013), consisting of 5 assessed factors:
  1. Discomfort
  2. Knowledge of capacity and rights
  3. Interaction
  4. Sensitivity or tenderness
  5. Knowledge of causes
- Questionnaire on Attitudes in a Clinical Context

Temporal framework and participant engagement

Analyses

Descriptive analyses and paired t-tests were performed using R software (version 4.0.2).

Results

Significant differences were observed between the scores obtained in the two measurements for 2 out of the 5 factors of the **ATTID-SF**, indicating a trend towards more positive attitudes in **Time 2**.

- **Interaction factor**: $t(47) = 1.92$, $p = .031$
- **Sensitivity or tenderness factor**: $t(47) = 2.01$, $p = .023$

Further analysis, separating the students from the healthcare professionals, revealed:

- Students showed differences in the **Interaction factor**, $t(24) = 2{,}36$, $p = .013$
- Professionals differed in the **Sensitivity or tenderness factor**, $t(22) = 1.74$, $p = .048$

According to the **Questionnaire on Attitudes in a Clinical Context**, significant positive differences were found in 7 out of the 23 items, both before (Time 1) and after (Time 2) participation in SO Healthy Athletes clinics (see Table 1).

Table 1. Descriptive analysis of Items in the Questionnaire on Attitudes in Clinical Context at two measurement times, with selected examples.

Statement	Time 1 *M (SD)*	Time 2 *M (SD)*	*p*
The majority of doctors lack knowledge regarding health condition related to ID	2.5 (1.0)	2.1 (0.9)	.021
It is harder to conduct physical examinations of people with ID	2.4 (0.9)	2.9 (1.1)	.007
People with ID should always be accompanied by a family member/friend or caregiver during consultations with a health professional	2.1 (1.1)	2.5 (1.0)	.019
It is harder to provide high quality health care for people with ID than people without ID	2.8 (1.0)	3.2 (1.1)	.027
I feel comfortable interacting with someone with ID during a consultation	1.8 (0.7)	1.5 (0.7)	.0002
I think I would need more training to feel qualified to work with people with ID	1.9 (1.0)	2.2 (1.2)	.091
Adults with ID are unable to provide consent for care or services	3.4 (1.0)	3.8 (0.9)	.017

Note. M = Mean; *SD* = Standard deviation; Score are rated on a **scale of 1 to 5**. The **lower** the scores, the **more positive** the attitudes toward people with ID. A score **3** is considered a **neutral attitude**.

Conclusion

- Participation in SO Healthy Athletes clinics positively influences healthcare professionals attitudes.
- Direct interactions with individuals with ID are crucial for improving healthcare professionals' attitudes, as supported by prior research (e.g. Seewoorttun & Scior, 2014).
- Integrating internships and hands-on experiences with individuals with ID is necessary for training students and healthcare professionals.
- This study suggests that it is possible to improve attitudes, through social and professional experiences that facilitate direct contact between healthcare professionals and individuals with ID.
  - This could contribute to better quality healthcare for this population.

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